OFFICE OF THE GOVERNOR

PERSONAL DATA FOR POTENTIAL JUDICIAL APPOINTEES

Please attach a writing sample to this application and return to the Governor's Office via email (canderson@gov.in.gov), or by hard copy (Governor's Office, Attn: Christopher Anderson, State House Room 206, Indianapolis, Indiana 46204.

The information on this first page of the application may be considered a public record and disclosed in response to a request for public records under IC 5-14-3. All information contained on later pages of the application will not be disclosed in response to any public records request.

ludgeship for which you are seeking appointment.

I. GENERAL BACKGROUND			
Full legal name and any former names:			
Current business addresses and telephone number:			
cell:			
email:			
phone:			
Please list all colleges, universities, or other post-secondary educational institutions you have attended, and provide dates of enrollment and any degrees received.			
Please list all employment since graduation from law school including the employer's name and dates of employment.			

The remaining information in this application will not be considered a public record and will not be disclosed in response to a public records request.

II. PERSONAL INFORMATION

Date and place of bit	rth:	
Social Security Num	ber:	
Current home addre	ss and telephone number	::
phone:		
Marital Status:		
Names, dates of birt	h, and places of birth for s	spouse and children:
Name	Birth Date	Place of Birth
If you have ever bee provide the date of the		ex-spouse and the court, and

III. OTHER BACKGROUND

A. Please briefly state the reason you believe you should be selected for this judgeship. You will have an opportunity to elaborate in an interview later in the selection process.		
В.	Please describe the nature of your current law practice or other employment:	
	IV. PROFESSIONAL, TRADE, AND OTHER ORGANIZATIONS	
A.	If you are or have been subject to professional licensing of any kind in Indiana or elsewhere, please identify the profession, your license number and the date you obtained the license.	
B.	If you have ever had a complaint filed against you or have been disciplined, either formally or informally, by any licensing entity or professional organization, please describe the circumstances.	
C.	Please identify any memberships or offices you have held in professional or trade organizations.	

D.		Please identify any private organizations (including clubs, charitable organizations, service clubs, political parties or groups, sororities and fraternities) of which you have been a member or officer in the last ten years.
	٧.	FINANCIAL INTERESTS
A. 		Please identify any corporations, partnerships, or other business entities in which you have owned an interest in the last five years. (Do not include stock in publicly traded corporations if your interest never exceeded \$10,000 in value).
B. 		Please identify any business in which you have been an officer, director, partner, or manager, and describe the business and your role in it.
 C.		Please identify all real estate that you own.
 D.		Please identify any creditors (other than for home mortgages, auto loans, and credit cards) and the nature of the debt. Please include student loans
		and any business debts for which you may be personally liable. State whether <u>any</u> debts have been delinquent or submitted for collection in the last five years.

E.	If you have ever declared bankruptcy, please provide the date and pertinent details.
F.	Have you filed all federal, state and city tax returns, which are now due or overdue? Are all payments on tax returns up to date? If you are aware of any current dispute between yourself and any taxing authority, please describe the circumstances.
	/I. HEALTH
A.	Please identify your regular physician.
B.	Please describe your own physical condition and stamina.
C.	If you are currently under regular treatment for any physical condition, please explain and identify your physician.
D.	Have you ever been diagnosed as having an emotional or mental condition or illness, or have you undergone treatment for an addiction to drugs or alcohol? If so, please provide pertinent details, including dates and names of physicians or therapists.

VII. MISCELLANEOUS

A.	Litigation: If you have ever been a party to a lawsuit, either personally or in your official capacity, please identify the lawsuit and provide a brief description of the dispute and your role in it. Please include litigation involving your employer if you were personally involved in the dispute.
В.	If you or any member of your immediate family has ever been arrested for any violation of law (other than routine traffic violations), please provide the date, jurisdiction, and a brief explanation of the matter and its resolution. (An arrest for driving while intoxicated is not routine).
C.	If you have ever been a candidate for election to public office or a political party office, please identify the race, the date, and the outcome.
D.	If you have served in any positions (including part-time board appointments) with federal, state, or local governments, please identify the position(s) and dates held.

E. 	Please identify any persons or organizations who you believe might oppose your appointment to this position.
F.	If you have taken a visible role in matters of significant public interest or controversy, please describe briefly the circumstances.
G.	If you have ever been the subject of a background investigation for state or federal positions or security clearance, please identify the position and the date of the investigation.
H.	Please identify any publications you have authored.
I.	If you have served in the military, please provide the service, dates of service, rank(s), serial number, and terms of discharge.

J.	or aspects of your per subject of public atten Governor. These matt	ully, and disclose, whether there are any incidents in sonal or professional life, which, if they became the tion, might cause embarrassment to you or to the ters may include, but are not limited to, abuse of all drugs, financial matters, sexual conduct, or or unethical conduct.
K.	Please provide a list of character, abilities and	of both professional and personal references to your distribution.
REL	EASE	
pers med reco Bara with relea corp the	nership, corporation or of sonal background, credit dical record, tax filing, mile ord to release such informada & Associates. Such the State of Indiana and ase any such person, go poration or other entity fro	ther entity having any information concerning my record, educational record, employment record, itary record, employment record, or selective service nation to the Indiana State Police Department or information is to be used for possible employment will not be available for public inspection. I hereby vernmental authority or agency, partnership, om any liability which might be incurred by reason of on to the Indiana State Police Department or Barada
Date	e	Signature
judg	I hereby authorize pub geship for which I have ap	olic disclosure of my name as an applicant for the oplied.
Date	 e	Signature